


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 15, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P99000090138 |  |
| 1. Entity Name ALLIED/CROSS POINTE, INC. | |

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|---|---|
| Principal Place of Business C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462 | Mailing Address C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/04)

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

| | |
|------------------------------------|--|
| 4. FEI Number 58-2501103 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

| | | |
|-----------|--|------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|----------------------------|-------------------------------|---------------------------------|--|---|---------------------------|---|--|
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | E. SCOTT URDANG | | | NAME | 000000308405 | | |
| STREET ADDRESS | 630 WEST GERMANTOWN PIKE #300 | | | STREET ADDRESS | 04/15/05-80094-013 150.00 | | |
| CITY- ST- ZIP | PLYMOUTH MEETING PA 19462 | | | CITY- ST- ZIP | | | |
| TITLE | VS | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLUM, DAVID | | | NAME | | | |
| STREET ADDRESS | 630 WEST GERMANTOWN PIKE #300 | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | PLYMOUTH MEETING PA 19462 | | | CITY- ST- ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SANFILIPPO, VINCENT | | | NAME | | | |
| STREET ADDRESS | 630 WEST GERMANTOWN PIKE #300 | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | PLYMOUTH MEETING PA 19462 | | | CITY- ST- ZIP | | | |
| TITLE | TC | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FERST, RICHARD J | | | NAME | | | |
| STREET ADDRESS | 630 WEST GERMANTOWN PIKE #300 | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | PLYMOUTH MEETING PA 19462 | | | CITY- ST- ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRECO, MARK B | | | NAME | | | |
| STREET ADDRESS | 630 WEST GERMANTOWN PIKE #300 | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | PLYMOUTH MEETING PA 19462 | | | CITY- ST- ZIP | | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRESHAM, MELISS | | | NAME | | | |
| STREET ADDRESS | 630 WEST GERMANTOWN PIKE #300 | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | PLYMOUTH MEETING PA 19462 | | | CITY- ST- ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|--|-------------------|---------------|---------------------|
| SIGNATURE: <u>David S. Blum</u> | <u>David Blum</u> | <u>4-6-05</u> | <u>610-834-9500</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |